

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		01/27/00
O.I.P.E. CLASSIFIER		18	2 25 00
FORMALITY REVIEW	NL	533	8-30-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	X	1	01/27/00
2		2	02/22/03
3	X	3	02/22/03
4		4	02/22/03
5	X	5	02/22/03
6	X	6	02/22/03
7	X	7	02/22/03
8	X	8	02/22/03
9	X	9	02/22/03
10	X	10	02/22/03
11	X	11	02/22/03
12	X	12	02/22/03
13	X	13	02/22/03
14	X	14	02/22/03
15	X	15	02/22/03
16	X	16	02/22/03
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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